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## BIB DATA SHEET

CONFIRMATION NO. 9550

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/589,692	08/17/2006	424	1645	50294/019001		
<b>RULE</b>						
<b>APPLICANTS</b> Delia Goletti, Roma, ITALY; Donatella Vincenti, Roma, ITALY; Stefania Carrara, Roma, ITALY; Enrico Girardi, Roma, ITALY; Frabrizio Poccia, Roma, ITALY; Rita Casetti, Cave, ITALY; Massimo Amicosante, Roma, ITALY;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/50728 02/18/2005						
<b>** FOREIGN APPLICATIONS *****</b> ITALY RM2004A000091 02/19/2004						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/03/2007						
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> CLARK & ELBING LLP 101 FEDERAL STREET BOSTON, MA 02110 UNITED STATES						
<b>TITLE</b> Immune diagnostic assay to diagnose and monitor tuberculosis infection						
<b>FILING FEE RECEIVED</b> 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		